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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Edward A. O' Donnell

Date Mailed:

May 25, 2004

Title:

Multi-Functional Sailboard

Atty Docket No.:

TKG4360

Commissioner for Patents

PO Box 1450

MEGAN MIMS

Alexandria, VA 22313-1450

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I hereby certify that the enclosed documents: () Utility Patent transmittal letter () Design Patent transmittal letter () Nonpublication request form () Fee transmittal letter (claiming small entity status) () Specification, Claims, and Abstract (pages) (X) 3 sheets of drawings (_5_ FIGS) () Executed declaration and power of attorney () Information disclosure statement by applicant (X) Transmittal Form () Copies of cited references () Check/credit card authorization in the amount of \$385.00 (X) Acknowledgment Postcard (X) Preliminary Amendment dated 05/25/2004 () Drawing modifications are being deposited with the United States Postal Service, under 37 C.F.R. 1.08, with sufficient postage as first class mail on this 25th day of May, 2004, and is addressed to: Mail Stop: NON-FEE AMENDMENT, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM	First Named Inventor	04/16/2004
FORIVI	Art Unit	EDWARD A. O'DONNELL
(to be used for all correspondence after initial fil.	⁽¹⁹⁾	· · · · · · · · · · · · · · · · · · ·
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Total Number of Pages in This Submission	Attorney Docket Number	TKG4360
ENCLOSURES (Check all that apply)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Action Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks PRELIMINARY AMEND MODIFIED FIGS. 1	Other Enclosure(s) (please Identify below): MENT FOR SUBMITTING
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